



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT ANDERSON REGIONAL HOSPITAL, INC.

City of Hospital: Anderson

Year Begin: 07/01/2016 (mm/dd/yyyy format)

Year End: 06/30/2017 (mm/dd/yyyy format)

Person Completing the Report: Kathy Zambos

Email Address: kathy.zambos@stvincent.org

Medicare Provider Number: 15-0088

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |             |
|-------------------------------------|-------------|
| Inpatient Patient Service Revenue   | \$212729248 |
| Outpatient Patient Service Revenue  | \$445840208 |
| Total Gross Patient Service Revenue | \$658569456 |

2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$433793888 |
| Other Deductions      | \$26100477  |
| Total Deductions      | \$459894365 |

3. Total Operating Revenue

|                             |             |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$198675091 |
| Other Operating Revenue     | \$2781318   |
| Total Operating Revenue     | \$201456409 |

4. Operating Expenses

|                               |             |                   |             |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages            | \$62134606  | Employee Benefits | \$18213584  |
| Depreciation and Amortization | \$5965891   | Interest Expense  | \$520544    |
| Bad Debt                      | \$2478024   | Other Expenses    | \$109605164 |
| Total Operating Expenses      | \$198917813 |                   |             |

5. Net Revenue and Expenses

|                                   |           |                   |            |
|-----------------------------------|-----------|-------------------|------------|
| Excess Revenue over Expenses      | \$2538596 | Total Assets      | \$93591101 |
| Net Non-operating Gains over Loss | \$-247788 | Total Liabilities | \$61155146 |

|                 |           |
|-----------------|-----------|
| Total Net Gains | \$2290808 |
|-----------------|-----------|

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| Statement Two: Contractual Allowance |
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| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$333742380           | \$259855347           | \$73887033                    |
| Medicaid         | \$138235422           | \$103099714           | \$35135708                    |
| Other Government | \$0                   | \$0                   | \$0                           |
| Other State      | \$0                   | \$0                   | \$0                           |
| Other Payers     | \$186591654           | \$96939304            | \$89652350                    |
| Total            | \$658569456           | \$459894365           | \$198675091                   |

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| Statement Three: Donations Statement |
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|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$605816                   | \$544530                    | \$61286                 |

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| Statement Four: Research Statement |
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|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$19858                    | \$140285                    | \$-120427               |

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| Statement Five: Education Statement |
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| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0                        | \$0                         | \$0                     |
| Hospital Patients     | \$0                        | \$1151                      | \$-1151                 |
| Community Education   | \$0                        | \$221240                    | \$-221240               |

|   |        |
|---|--------|
| Number of Medical Professionals Trained                 | \$0    |
| Number of Hospital Patients Educated                    | \$151  |
| Number of Citizens Exposed to Health Education Messages | \$2121 |

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| Statement Six: Charity Statement |
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|                          |            |
|--------------------------|------------|
| Hospital Charity Charges | \$26100477 |
|--------------------------|------------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$8364359              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$8364359              | \$-8364359                     |
| Medicaid Shortfalls       | \$35135708            | \$39358135             |                                |
| Subtotal                  | \$35135708            | \$47722494             | \$-12586786                    |
| DSH Payments              | \$1585979             |                        |                                |
| Subtotal                  | \$36721687            | \$47722494             | \$-11000807                    |
| Medicare Shortfalls       | \$73887033            | \$87490281             |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$110608720           | \$135212775            | \$-24604055                    |

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| Statement Seven: Subsidized Health Services for the Community |
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|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$504830                    | \$-504830               |
| Community Assessment | \$0                        | \$43696                     | \$-43696                |
| Provision of Taxes   | \$0                        | \$8250657                   | \$-8250657              |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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